



Summer Camp

Thank you for your interest in Blue Skies Stables Summer Camps! Below, please find the pricing information for each session. At the end of each session, a certificate will be provided to each camper with the information needed for you to file your taxes and receive up to a 35% tax deduction per IRS Publication 503. A \$50 Deposit is required to hold your space for any of the three camps. This is a nonrefundable deposit.

Beginner Camp (Monday, June 11th to Friday, June 15th):

- Ideal for ages 6-11 with little to no riding experience
- Camp hours are from 9am to 3pm
- Cost: \$375.00
- Deadline for entry: May 31st or when cap of 10 students met
- Discounts Available:
 - Early Entry Deadline of April 30th, receive \$50 off!

Intermediate/Advanced Camp (Dates TBD in JULY):

- Ideal for riders who can already walk/trot/canter and are jumping at least over cross rails and are interested in showing.
- This is a half day camp from 9am to noon, and will run Monday to Wednesday.
- Cost: \$200.00
- Deadline for entry: June 23rd
- Discounts Available:
 - Early Entry Deadline of May 14th, receive \$25 off!

Full Name on Credit Card

Billing Address

City

State

Zip

Credit Card Number

Exp Date

CVV

I authorize Blue Skies to charge my Credit Card \$50 for each of the above checked Sessions in order to hold a space by signing below:



Signature

Date

Enrollment Form

Camp Dates _____

Name of Participant _____ Age _____

School _____ Grade _____

Parent/Guardian Name _____

Address _____ Phone _____

_____ Phone _____

_____ Email _____

Emergency Contact Name _____ Phone _____

Equine Experience

Has Participant previously ridden a horse? _____ If yes please describe or explain _____

Medical Form

Does Participant take any medication? _____ If yes please describe and explain _____

Will they be taking this at camp? _____ If yes please give instructions _____

Does participant have any medical conditions limitations or problems? _____ If yes please describe and explain. _____

List all allergies (food, bee sting, medication, etc.) _____

Date of last Tetanus Shot _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Medical/Dental Insurance Information _____

Medical Release

I/We, the parent(s) or legal guardian(s) of _____

give consent and permission to Blue Skies Stables to render first aid to my child/charge, administer medicine, summon an ambulance, or otherwise provide transport to a hospital where my child my receive emergency medical care.

Parent/Guardian Signature _____ Date _____